

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM JSPAC COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 COMMITTEE NAME Friends of Judge David C Crain		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: 604 W. 12th Street Austin, Texas 78701		Date Received
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Charles NICKNAME Grigson	FIRST O. LAST Grigson SUFFIX	Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 604 W. 12th Street Austin, Texas 78701		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: 604 W. 12th Street Austin, Texas 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-5791		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach JSPAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 01 / 04 THROUGH 06 / 30 / 04		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		

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JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM JSPAC COVER SHEET PG 2

12 COMMITTEE
NAME

ACCOUNT # (Ethics Commission filers)

Friends of Judge David Crain

13 COMMITTEE
PURPOSE

(Attach lists on plain
paper to complete this
report if necessary.)

☒ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☐ CANDIDATE

☒ OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

David F. Crain, Judge, County Court at Law No. 3
Travis County, Texas

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

David F. Crain, Judge, County Court at Law No. 3
Travis County, Texas

14 CONTRIBUTION
TOTALS

EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 500.00

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 20,149.74

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Charles D. Brinson

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

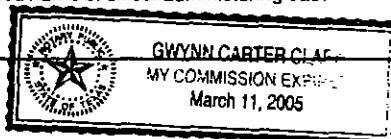
Sworn to and subscribed before me, by the said Charles D. Brinson, this the 13th day
of July, 20 04, to certify which, witness my hand and seal of office.

Gwynn Carter Clark

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Friends of Judge David Crain		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/13/04	5 Payee name Travis County Democratic Party 6 Payee address: City: State: Zip Code P.O. Box 684263 Austin, Texas 78768	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) 1/16/04 event - filing day		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		